



**AUTHORIZATION FORM FOR RELEASE OF BANK CREDIT INFORMATION**

**COMPANY NAME:** \_\_\_\_\_

**BANK NAME:** \_\_\_\_\_

**BANK FAX NUMBER:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

Please accept this as authorization to release credit information to Visual Sound, Inc. for the purpose of establishing an account with us:

**VISUAL SOUND, INC  
485 PARK WAY  
BROOMALL, PA 19008  
FAX: 610-338-2205**

**SIGNATURE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

***Visual Sound, Inc.  
485 Park Way \* Broomall, PA 19008  
Phone: 610-690-1328 \* FAX: 610-338-2205***